Emergency Services District (ESD) Reporting Form Jan. 1, 2020

Information received from this form will be transmitted to the Texas Division of Emergency Management in satisfaction of reporting requirements under Chapter 775 of the Health and Safety Code. This form is for the report required for Jan. 1, 2020.

Please familiarize yourself with the form before you begin submitting answers, because there is no mechanism to save the form and return later.

ESD Name (i.e., Buffalo County ESD No. 99) *

County or Counties in Which ESD is Located *

ESD Business Address *

Street Address

Street Address Line 2		
	Texas	
City	State / Province	
	United States	\checkmark
Postal / Zip Code	Country	

ESD email *

ESD	phone	*
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- Area Code Phone Number

ESD website

Type of ESD *

Fire Emergency Medical Service Both

Annual ESD Budget *

Tax rate (most recently adopted; i.e., \$0.10/\$100) *

Population of ESD

Area (sq. miles) of ESD

Does your ESD collect a sales tax?

Yes

No

If your ESD collects a sales tax, what is the rate of the sales tax? (i.e. 1/2 percent)

Name of Person Completing this Form *

First Name

Last Name

E-mail *

Phone Number *



Name of ESD President (Commissioner No. 1) *

First Name	Last Name

E-mail *

Term Expires (example: 12/31/20) *

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Name of ESD Vice President (Commissioner No. 2) *

First Name	Last Name

E-mail *

Term Expires (example: 12/31/19) *



Name of ESD Secretary (Commissioner No. 3) *

First Name

Last Name

E-mail *

Term	Expires	(example:	12/31/19)	*
101111	Explics	(champic.	12/01/10)	



First Name

Last Name

E-mail *

Term Expires (example: 12/31/19) *

Name of ESD Commissioner (Commissioner No. 5) *

First Name	Last Name	

E-mail *

Term Expires (example: 12/31/19) *



Name of ESD's legal counsel *

First	Name	

Last	Name	

Address

Street Address		
Street Address Line 2		
Offect Address Line 2		
	Texas	
City	State / Province	
	United States	~
Postal / Zip Code	Country	

Phone Number

-		
Area Code	Phone Numb	er

E-mail *

Name of ESD's general manager, executive director or administrator (N/A if none)

First Name	Last Name

E-mail

Name of fire chief or EMS CEO

First Name	Last Name

E-mail

-		

Names of Other Consultant

First Name

Last Name

Service provided (i.e. audit)



E-mail

Names of Other Consultant		
First Name	Last Name	

Service provided (i.e. audit)

E-mail

Question or comment

Submit Form